State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Please print or type. (Form designed for use on elite (12-pitch typewriter). See Instructions on Back of Page 6 Department of Health Services Toxic Substances Control Division Sacramento, California UNIFORM HAZARDOUS and Front of Page 7 1. Generator's US EPA ID No. WASTE MANIFEST Manifest C1A1D191811161419121113 3. Generator's Name and Mailing Address information in the shaded areas 01010121 is not required by Federal law. QUALITY FABRICATORS 21045 Osborne, Canoga Park , CA 91302 881 4. Generator's Phone (818 709-8505 B. State Generator's ID 5. Transporter † Company Name BETTERBILT CHEMICALS, INC US EPA ID Number C. State Transporter's ID 905083 7. Transporter 2 Company Name ICIAIDI9181116181612141 D. Transporter's Phone 213) US EPA ID Number E. State Transporter's ID 9. Designated Facility Name and Site Address F. Transporter's Phone US EPA ID Number OMEGA RECOVERY SERVICES G. State Facility's ID 12504 E. Whittier Blvd. Whittier, CA 90602 CIFORNIA O CIADIO14121214151901/ IC | A | D | O | 4 | 2 | 2 | 4 | 5 | O | O | 1 11, US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 213) 698-0991 र्ट्य ∞ूर 12. Containers 13. Total 14. Unit Wt/Vo WASTE, FLAMMABLE LIQUID N.O.S. UN1993 State 214 EPA/Other 1-800-424-8802; EPA/Othe State CENTER EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above EPA/Other WASTE WASH TELEVER b NATIONAL 15. Special Handling Instructions and Additional Information USE GLOVES & GOGGLES 뿔 CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and SPILL. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future throat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. 8 **EMERGENCY** Printed/Typed Name SAMO AMPES Month 17. Transporter 1 Acknowledgement of Receipt of Materials DAIDENT AZ Printed/Typed Name 9 RICHARD SENTENO Month 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Signature Day Yea 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Do Not Write Below This Line

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

DHS 8022 A (1/88)

ANTIE

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

Month

To: P.O. Box 3000, Sacramento, CA 95812